

1. CASE NO. 970314CCC2013	2. INVESTIGATOR'S ID 8 0 2 9	3. OFFICE CODE 8 3 0	EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT 9 7 0 1 2 5	5. DATE INVESTIGATION INITIATED YR MO DAY 9 7 0 3 3 1		

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 17 year old male was putting butane fuel in a refillable butane cigarette lighter when some of the butane leaked onto his clothing, the floor and underneath the bed. Reportedly, when he flicked the lighter the butane fumes ignited causing a fire to originate underneath the bed burning the box springs and mattress. No injuries were involved and the fire was mostly confined to the bedroom.

7. LOCATION(Home, school, etc.) home (bedroom)	8. CITY St. Edward	9. STATE Nebraska
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10A. FIRST PRODUCT butane cigarette lighter	11a. TRADE/BRAND NAME, MODEL unknown
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10B. SECOND PRODUCT box springs & mattress	11B. TRADE/BRAND NAME, MODEL unknown
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12. AGE OF VICTIM 9 9 9	13. SEX(Numerical code) Male -1 Female -2 Unknown-3 9	14. DISPOSITION no injury 9	15. INJURY DIAGNOSIS no injury 7 0
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16. BODY PART no injury 9 9	17. RESPONDENT(S) grandmother of 17 year old, fire chief, & ins. personnel 3	18. TYPE INVESTIGATION On Site 1 Telephone 2 Other 3 2	19. TIME SPENT 0 8 0
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20. ATTACHMENTS multiple 9	21. CASE SOURCE newspaper 0 5	22. REVIEWED BY 8 0 0 7	YR MO DAY 9 7 0 5 0 1
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23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only)

CPSC MAY DISCLOSE MY NAME ☐ CPSC MAY NOT DISCLOSE MY NAME ☒

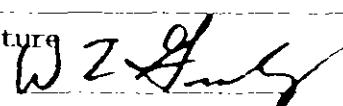
24. NARRATIVE(See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

(Use Other Side and Additional Sheets If Necessary)

13 MAY 1997

FIELD ACTIVITY COVERSHEET

1 Region/State FOCR/ATL-SO	2 Operation (Check one) <input type="checkbox"/> Inspection <input type="checkbox"/> Telephone contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other	3 Date 3/31/97
		4 Number 970314CCC2013
5 Establishment Name <u>unknown</u> Address _____ City _____ State _____ Zip _____ Telephone _____		
6 Related firm <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other Name _____ City _____ State _____		
7 Products covered <u>butane cigarette lighter</u>	8 Other consumer products <u>box springs and mattress</u>	
9 Establishment Type <u>unknown</u> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own label distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other	10 Annual production N/A Product covered \$ _____ units Other products \$ _____ units	
11 IS business N/A <input checked="" type="checkbox"/> received <input checked="" type="checkbox"/> shipped	12 Samples collected <u>none</u>	13 MIS code 32626
14 Hours Activity <u>3</u> Travel <u>0</u>		
15 Reason for activity Assignment 970314CCC2013 to conduct IDI as follow-up to an incident in St. Edward, Nebraska, involving a butane cigarette lighter.		
16 Announced <input type="checkbox"/> (Rationale for announced inspection) Unannounced <input type="checkbox"/>		
17 Employee's Name Jimmie L. Barrett	Title Product Safety Investigator	Signature date
18 <input type="checkbox"/> Endorsement <input type="checkbox"/> Remarks <input type="checkbox"/> Summary <input type="checkbox"/> Other Officials blamed a minor house fire on the ignition of butane lighter fuel which leaked on to the floor and under a bed as a 17 year old was refilling his cigarette lighter. The fumes ignited when the 17 year old activated his lighter. No product ident was available. E/U: None.		
19 Reviewer's Name William E. Gentry	Title Supervisory Investigator	Signature 
20 Review Date 5/2/97	21 Distribution O: EPDS, C: FOCR(IDI), CCA(KW), CS: BG, RF, JLR	

An on-site was not conducted at a home in St. Edwards, Nebraska, where a 17 year old male was putting butane fuel into a refillable butane cigarette lighter when some of the butane apparently leaked onto his clothing, the floor and underneath the bed. Reportedly, when he lit the lighter, the butane ignited causing a fire to originate in the bedroom of the home in St. Edwards, Nebraska. No injuries were involved. Information in this report was provided by the grandmother of the 17 year old male, the fire chief, an agent and a claims person with the insurance company who paid for damages to the home.

PRE-ACCIDENT:

According to the grandmother of a 17 year old male, the 17 year old and his dad (who is her son) live with her. She stated she lives in a house that has 2 bedrooms downstairs and 1 bedroom upstairs. She stated she had noticed a can of butane approximately 6 to 8 inches tall in a silver container sitting on her grandson's dresser. She stated she thinks he smokes cigarettes but she does not know that for sure.

According to the grandmother, on the day of this incident (1/25/97) at approximately 6:00 p.m. to 6:30 p.m. she was not home. She stated her 17 year old grandson and her son (who is his father) were home. She stated the 17 year old was standing between the dresser and the bed which the fire chief indicated was the first floor bedroom, filling a refillable cigarette lighter with butane. She stated she does not know where he got a refillable butane cigarette lighter.

She stated as he was filling the lighter, some of the butane leaked onto his clothing and under the bed. She stated her grandson told her that he knew it was leaking because he could feel it running down the side of the lighter. The fire chief also indicated the young gentleman was filling the cigarette lighter or had filled it and some of the butane spilled onto the mattress in the bedroom.

According to the grandmother, after he filled the lighter he put the canister of butane down and he clicked the lighter. She stated the fumes obviously had gone down his clothes onto the floor and under the bed. She stated he was wearing jeans and a t-shirt at the time when he clicked the lighter, it ignited underneath the bed causing the box springs and mattress to ignite.

ACCIDENT:

On 1/25/97 at approximately 6:00 p.m. to 6:30 p.m. a 17 year old male was putting butane fuel in a refillable butane cigarette lighter when some of the butane leaked onto his clothes, the floor and underneath the bed. Reportedly, when he flicked the lighter the butane fumes ignited causing a fire to originate underneath the bed burning the box springs and mattress in the downstairs bedroom of the home in St. Edwards, Nebraska. No injuries were involved.

According to the grandmother, the fire was confined mostly to the 1 bedroom. She stated there was a pile of clothes on the floor and they did not actually burn but they were damaged and it burned a little bit of the carpet. The attached Exhibit 1 newspaper article states in part "The fire was started from a butane lighter. Along with the fire damage there was some smoke damage to the property..." The attached Exhibit 2 Fire Incident Report indicates the "IGNITION FACTOR..."Butane Cigarette Lighter Fluid...EQUIPMENT INVOLVED IN IGNITION..."Butane Cigarette Lighter...TYPE OF MATERIAL IGNITED "Mattress..."

The attached Exhibit 3 letter received from the agent with the insurance company states in part "It was reported that on 1/25/97 the...was filling a butane lighter in the bedroom. Some of the butane apparently spilled onto the bed going down under the bed and onto the floor. When he lit the lighter the butane ignited causing \$1886 worth of damage..." The attached Exhibit 4 report from a claims representative with the insurance company provides a breakdown of the various items and the cost of the repair of these items. The claims representative stated to his knowledge there were no photographs and no investigation was conducted into the incident.

According to the grandmother, it appeared that the fire first originated underneath from the bottom portion of the box spring and burned up into the area of the mattress. She stated the worst burn to the mattress was in the center of the mattress.

According to the grandmother, her grandson has no handicaps or disabilities and he was not under the influence of drugs or alcohol at the time the incident occurred.

POST ACCIDENT:

According to the grandmother, when the fire originated her son ran to the kitchen and put water on his clothes although she stated they did not actually burn. She stated he then called for his dad who was upstairs and he and his dad went to the bedroom where the fire originated and tried to put the fire out. She

stated one of them called the fire department who came shortly thereafter. She stated she had to replace them. She stated the fire department is a volunteer fire department. She stated her neighbor who is a volunteer fireman heard the phone message when the fire was reported to 911 and he came over and helped her grandson and his dad pull the mattress and box springs outside of the house. She stated both the box spring and mattress were destroyed.

PRODUCT INFORMATION:

One of the products involved is a refillable butane cigarette lighter. The grandmother of the 17 year old male stated she does not know where he got the lighter. She stated her grandson told her that he no longer has the lighter and does not know the brand and cannot remember where he got it.

The grandmother stated the mattress and box springs involved in the incident were a double size and they were over 10 years old. She stated she had purchased them new but she did not recall where they were purchased. She had no manufacturing information to provide for either of the two items. She did state that the ticking and surface construction of the mattress is quilted and the box spring is smooth. She did not recall any labeling on the mattress or box springs that specifies compliance or non-compliance with the CPSC standard for mattresses.

Since no manufacturing information was obtainable for the box springs, mattress and refillable butane cigarette lighter product information is limited.

ATTACHMENTS:

- Exhibit 1 - ACCIDENT INVESTIGATION REQUEST FORM and newspaper article.
- 2 - Fire Incident Report.
- 3 - Report received from agent with insurance company.
- 4 - Insurance report received from claims representative with the insurance company.

9703140002013

FAX COVER LETTER

DATE 4.23.97

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: James D. Stett

FAX: 710-314-1173

FIRM: _____

CITY: _____

PHONE: _____

TOTAL NUMBER OF PAGES 25 INCLUDING COVER LETTER.

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL BACK.

FROM: Greg Thompson

PHONE: 800 228 2231

FAX: 710 314 1173

Please call if not receiving fax

Thanks!

51.2

ACCIDENT INVESTIGATION REQUEST FORM

C CHIO

Document Number

G 9720321 /

970314CCC2013

Date of Incident

1-25-97

Category I.D.

SCCT L10 1997

Follow-Up Requested

Hazard Analysis

Section 15

Type Follow-Up Requested

Telephone Call

On-Site

Headquarters Contact

Kate Wallace, CCA

Assignment Message

Please conduct a Section 15101. Find out age/sex of fire starter and confirm incident history. Determine make, age of lighter, how accessed whether the switch was in "on" or "off" position, and what its regular use was. Collect fire report.

Person(s) to Contact

St Edward Fire Department

Guideline

1/20 1/20 Mattress & Bedding

Guideline

Requested By

Kate Wallace, CCA

Task Number

970314CCC2013

Assigned to

CHIO

Date

3/14/97

SA.1

8037
G972 0321

970314CCC2013

ISSUE 23 -



Advance
St. Edwards, NE
Cir. 858

MAR 3 1997

JAN 30 1997

UNIVERSAL Press Clipping Bureau

FIRE CALL SATURDAY 73

The St. Edward Fire Department was called to the ~~James~~ residence at 5:45 p.m. Saturday, January 25, to extinguish a fire in a mattress in an upstairs bedroom. The fire was started from a butane lighter. Along with the ~~fire damage there was some smoke~~ damage to the property, however, there is no estimate of loss.

7C-20

25

21

B 4024287398

110514 0002013

P02

NEFIRS 1 (VERSION 4)
 (5-91)
 PLEASE PRINT OR TYPE IN YOUR
 OWN WORDS BOTH A WRITTEN
 RESPONSE AND CODE WHERE
 NECESSARY

STATE FIRE MARSHAL-COMPUTER DIVISION
 NEBRASKA FIRE INCIDENT REPORTING SYSTEM
 FIRE INCIDENT REPORT

MAIL TO: NEFIRS Coordinator
 748 South 14th Street
 Lincoln, NE 68508-1804

St. Edwards Fire Department

Fire Department

1 ☐ DELETE
 2 ☐ CHANGE

A	10	2130105	91201002	01	25	917	105 JOT BOT	20 M 40 W 80 F	ALARM TIME	ARRIVAL TIME	TIME IN SERVICE	
B	TYPE OF SITUATION FOUND 11 <input type="checkbox"/> Structure fire 12 <input type="checkbox"/> Outside of structure 13 <input type="checkbox"/> Vehicle fire 14 <input type="checkbox"/> Brush, grass, leaves 15 <input type="checkbox"/> Train, Railroad 16 <input type="checkbox"/> Explosion, No after fire 17 <input type="checkbox"/> Outside with fire 18 <input type="checkbox"/> Other fires not classified 19 <input type="checkbox"/> Overpressure rupture 20 <input type="checkbox"/> Emergency Medical call 21 <input type="checkbox"/> Locking - Hazardous 22 <input type="checkbox"/> Search 23 <input type="checkbox"/> Evacuation 24 <input type="checkbox"/> Rescue - Not classified 25 <input type="checkbox"/> Spill - loss - no fire 26 <input type="checkbox"/> Power line down 27 <input type="checkbox"/> Arcing electric equipment 28 <input type="checkbox"/> Aircraft standby 29 <input type="checkbox"/> Chemical spill 30 <input type="checkbox"/> Hazardous condition 31 <input type="checkbox"/> Water removal 32 <input type="checkbox"/> Smoke removal 33 <input type="checkbox"/> Animal Rescue 34 <input type="checkbox"/> Assist Police 35 <input type="checkbox"/> Unauthorized burning 36 <input type="checkbox"/> Move-out 37 <input type="checkbox"/> Other service calls 38 <input type="checkbox"/> Smoke scene 39 <input type="checkbox"/> Controlled burn 40 <input type="checkbox"/> Steam gas 41 <input type="checkbox"/> Mistaken for smoke 42 <input type="checkbox"/> Mischief/false 43 <input type="checkbox"/> Bomb Scare 44 <input type="checkbox"/> Alarm Malfunction 45 <input type="checkbox"/> Unintentional loss											
C	TYPE OF ACTION TAKEN 1 <input type="checkbox"/> Extinguishment 2 <input type="checkbox"/> Rescue 3 <input type="checkbox"/> Investigation only 4 <input type="checkbox"/> Remove hazard 5 <input type="checkbox"/> Standby 6 <input type="checkbox"/> Salvage 7 <input type="checkbox"/> Ambulance service 8 <input type="checkbox"/> Fill in moving up transfer 9 <input type="checkbox"/> Not classified above 10 <input type="checkbox"/> Undetermined or not reported 11 <input type="checkbox"/> Mutual Aid 12 <input type="checkbox"/> Rec'd 13 <input type="checkbox"/> Given 14 <input type="checkbox"/> N/A											
D	FIXED PROPERTY USE (Occupancy) <u>Residence</u> CAUTION FACTOR (Cause) <u>Butane Cigarette Lighter Fluid</u> CORRECT ADDRESS (Up to Maximum) <u>[REDACTED]</u> OCCUPANT LAST NAME <u>[REDACTED]</u> OWNER FIRST NAME <u>Same</u> FIRST <u>Same</u> ADDRESS <u>Same</u> TELEPHONE <u>Same</u>											
E	11	[REDACTED]										
F	12	[REDACTED]										
G	13	METHOD OF ALARM FROM PUBLIC 1 <input type="checkbox"/> Telephone direct 2 <input type="checkbox"/> Municipal alarm system 3 <input type="checkbox"/> Private alarm system 4 <input type="checkbox"/> Radio 5 <input type="checkbox"/> Verbal 6 <input type="checkbox"/> Non alarm (N/A) 7 <input type="checkbox"/> Fire-alarm (111) 8 <input type="checkbox"/> Voice signal municipal alarm signal 9 <input type="checkbox"/> Not classified above 10 <input type="checkbox"/> Undetermined or not reported 11 <input type="checkbox"/> CO-INSPECTION DISTRICT 12 <input type="checkbox"/> SHIFT 13 <input type="checkbox"/> NO ALARMS										
H	FIRE PERSONNEL RESPONDED <u>11/16</u> ENGINES RESPONDED <u>1002</u> AERIAL APPARATUS RESPONDED <u>1010</u> OTHER VEHICLES RESPONDED <u>Emergency & Ambulance 1012</u>											

ALL INCIDENTS

COMPLETE IF CASUALTY

COMPLETE FOR ALL FIRES

COMPLETE IF STRUCTURE FIRE

ALL INCIDENTS

I	20	NO INCIDENT-RELATED INJURIES (COMPLETE NFIRS 1) (COMPLETE NFIRS 2) FIRE SERVICE <u>000</u> OTHERS <u>000</u> NO INCIDENT-RELATED CATASTROPHES (COMPLETE NFIRS 3) (COMPLETE NFIRS 2) FIRE SERVICE <u>000</u> OTHERS <u>000</u>											
J	SAMPLE <u>Single Family Dwelling</u> (Complete Line 5) <u>MA</u> AREA OF FIRE ORIGIN <u>Bedroom</u> (Complete Line 7) <u>Butane Cigarette Lighter</u> FORM OF HEAT OF IGNITION <u>Lighter</u> (Type of Material Ignited) <u>1416 Mattress</u> (Form of Material Ignited) <u>71 Mattress</u> METHOD OF EXTINGUISHMENT 1 <input type="checkbox"/> Self-extinguished 2 <input type="checkbox"/> Make-out end 3 <input type="checkbox"/> Portable extinguisher 4 <input type="checkbox"/> Automatic ext. system 5 <input type="checkbox"/> Pre-connect hose-line 6 <input type="checkbox"/> Pre-connect hose-line 7 <input type="checkbox"/> Hand-tied hose/hydrant 8 <input type="checkbox"/> Master stream device 9 <input type="checkbox"/> Not classified above 10 <input type="checkbox"/> Indeterminate 11 <input type="checkbox"/> Level of Fire Origin 12 <input type="checkbox"/> Grade level to 9 ft 13 <input type="checkbox"/> 10 to 19 feet 14 <input type="checkbox"/> 20 to 29 feet 15 <input type="checkbox"/> 30 to 49 feet 16 <input type="checkbox"/> 50 to 79 feet 17 <input type="checkbox"/> Over 79 feet 18 <input type="checkbox"/> Objects in flight 19 <input type="checkbox"/> Below ground level 20 <input type="checkbox"/> Not classified above 21 <input type="checkbox"/> Undetermined 22 <input type="checkbox"/> Estimated Total Dollar Loss 23 <u>1101010</u>												
K	NUMBER OF STORIES 1 <input type="checkbox"/> 1 story 2 <input type="checkbox"/> 2 stories 3 <input type="checkbox"/> 3 to 4 stories 4 <input type="checkbox"/> 5 to 8 stories 5 <input type="checkbox"/> 9 to 12 stories 6 <input type="checkbox"/> 13 to 24 stories 7 <input type="checkbox"/> 25 to 49 stories 8 <input type="checkbox"/> 50 stories or more 9 <input type="checkbox"/> Undetermined CONSTRUCTION TYPE 1 <input type="checkbox"/> Fire resistant 2 <input type="checkbox"/> Heavy timber 3 <input type="checkbox"/> Protected non-combustible 4 <input type="checkbox"/> Unprotected non-combustible 5 <input type="checkbox"/> Protected wood frame 6 <input type="checkbox"/> Unprotected ordinary 7 <input type="checkbox"/> Protected wood frame 8 <input type="checkbox"/> Unprotected wood frame 9 <input type="checkbox"/> Not classified above 10 <input type="checkbox"/> Undetermined												
L	EXTENT OF DAMAGE Confined to object of origin Confined to area of origin Confined to room of origin Confined to structure of origin Confined to fire-resisted comp. Confined to floor of origin Confined to structure of origin Flame Smoke 1 <input type="checkbox"/> 1 story 2 <input type="checkbox"/> 2 stories 3 <input type="checkbox"/> 3 to 4 stories 4 <input type="checkbox"/> 5 to 8 stories 5 <input type="checkbox"/> 9 to 12 stories 6 <input type="checkbox"/> 13 to 24 stories 7 <input type="checkbox"/> 25 to 49 stories 8 <input type="checkbox"/> 50 stories or more 9 <input type="checkbox"/> Undetermined DETECTOR PERFORMANCE 1 <input type="checkbox"/> Det in room or space of fire origin-oper 2 <input type="checkbox"/> Det not in room or space of fire origin-oper 3 <input type="checkbox"/> Det in room or space of origin-no oper 4 <input type="checkbox"/> Det not in room or space of origin-no oper 5 <input type="checkbox"/> Det in room or space of fire origin 6 <input type="checkbox"/> No detectors present (N/A) 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined SPRINKLER PERFORMANCE 1 <input type="checkbox"/> Equipment operated 2 <input type="checkbox"/> Equipment should have operated-did not 3 <input type="checkbox"/> Equipment pre. but fire too small to oper 4 <input type="checkbox"/> No equipment present (N/A) 5 <input type="checkbox"/> Not classified above 6 <input type="checkbox"/> Undetermined												
M	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN TYPE OF MATERIAL GENERATING MOST SMOKE AVENUE OF SMOKE TRAVEL 1 <input type="checkbox"/> Air handling duct 2 <input type="checkbox"/> Corridor 3 <input type="checkbox"/> Elevator shaft 4 <input type="checkbox"/> Stairwell 5 <input type="checkbox"/> Opening in construction 6 <input type="checkbox"/> Utility opening in wall 7 <input type="checkbox"/> Utility opening in floor 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 10 <input type="checkbox"/> No avenue of smoke travel (N/A)												

S	30	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (IF ANY)
T	40	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

Estimations and evaluations made herein represent "most likely" and "most probable" causes and effects. Any representation as to the validity or accuracy of reported condition outside NEFIRS is neither intended nor implied.

Under a Change of Name, Address, Assignment

Garry Thompson

1-27-97

Garry Riggins

1-27-97

Printed on 11/15/97 at 10:00 AM

Printed on 11/15/97 at 10:00 AM

EX-2



JACK R. CONRAD, Agent
Auto - Life - Health - Home and Business

116 South 4th Street Albion, NE 68620
Phone: Off. 402 395-6034 800-882-4973 Res. 402 395-2959

9703140002013

To Jimmie Barrett:

US Consumer Products Safety

Commission:

IT was reported that on 1/25/97
The [REDACTED] was filling a butane
lighter in the Bedroom. Some of the butane
apparently spilled onto the bed going down under the
bed and onto the floor. When he lit the lighter
the butane ignited causing \$1886 worth of
Damage. INSURANCE PAID \$1636.

Agent

Jack R. Conrad

EX. 3



State Farm Insurance Companies

Home Offices: Bloomington, Illinois

FACSIMILE COVER SHEET

9703140002013

- ☐ Client/Attorney Relationship:
☐ Physician/Patient Relationship:
☐ Private Communications
☐ Other:

TO: Jimmie Barrett
Regional Office/Address: U.S. Consumer Product Safety Comm.

Telephone Number: (770) 482-4058

FAX Number: (770) 482-0173

Total Pages Transmitted (including cover sheet) 5

Claim Number: 27-EO01-280

Insured: [REDACTED]

NOTICE: PRIVATE AND CONFIDENTIAL

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FROM: Michael Weston

Regional Office/Address/Location: Lincoln, NE

Department Code: Fire Claims Central

Telephone Number: (888) 429-5077

FAX Number: (888) 429-5076

Message

Jimmie,

Here is the info you requested.

Michael

27.4

Personal Property Inventory Form

Claim Number: [Redacted] Date: [Redacted]

JE: [Redacted] FA: [Redacted]

Insurance: [Redacted] Insured: [Redacted]

Claim Rep: [Redacted]

SG: [Redacted] HC: [Redacted] AD: [Redacted]

Room: [Redacted] Code: [Redacted] ACV: ☐ RC: ☐ Ded: ☐ CL: [Redacted] Cov. B: [Redacted] Lmt: [Redacted] MO: [Redacted] Claim Rep: [Redacted]

TO BE COMPLETED BY INSURED

TO BE COMPLETED BY CLAIM REPRESENTATIVE

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Item No	Description of Property	Mfr/Brand Name and Serial/Model Number	Purchased or Obtained From	Documentation	Date of Purchase or Age	Replacement Cost or Repair or Restoration Cost	Today's Actual Cash Value	% Tax	R/C	Adjustments To R/C	Settlement	Maximum R/C Benefits (if applicable)	Actual R/C Benefits Paid
1	Boxspring & Mattress					500 ⁰⁰	60			505 ⁰⁰	73.75	131.05	
2	Carpet					90 ⁰⁰				90 ⁰⁰	N/S		
3	Sheets					59 ⁰⁰				59 ⁰⁰	N/S		
4	Pillows - King & 2 regular Pillows					21.95				21.95	N/S		
5						8.99				8.99	N/S		
6	Washer & Dryer					16.95				16.95	N/S		
7						39.00				39.00	N/S		
8	SE Coat					135 ⁰⁰				135.00	N/S		
9	Leads of Laundry					75 ⁰⁰				75.00	N/S		
10	Time to Clean Room					3495.00				3495.00	N/S		
11													
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99													
100													

Appraisal: A-Paid Bill of Receipt B-Canceled Check C-Estimate D-Credit Card Receipt E-Other

Insured's Signature: [Redacted] Date: [Redacted] Page: [Redacted] of [Redacted] Date completed: [Redacted] by: [Redacted]

DEDUCTIBLE: [Redacted] SETTLEMENT: [Redacted] **Depr/Disc

970314CC2013 4

01/28/97

970314 CCC 2013

Estimate: 27-E001-280
Insured: [REDACTED]
Address: [REDACTED]
Res. Phone: [REDACTED]

Claim Number: 27-E001-280
Policy Number: 27-16-3566-7
Cause of Loss: FIRE
Deductible: \$250.00
Price List: NENO
Date of Loss: 01/25/97
Date Inspected: / /

Summary for FIRE

Line Item Total		1,216.15
Material Tax @ 5.000% x 946.36		47.32
Replacement Cost Value		1,263.47
Less Depreciation		(276.21)
Actual Cash Value		987.26
Less Deductible		(250.00)
Net Actual Cash Value Payment		\$737.26
Maximum Additional Amounts Available If Incurred:		
Total Line Item Depreciation (Including Taxes)	276.21	
Less Nonrecoverable Depreciation (Including Taxes)	<0.00>	
Recoverable Depreciation	276.21	
Total Maximum Additional Amount Available If Incurred		276.21
Total Amount of Claim If Incurred		\$1,013.47

JOE A. MEJIA

ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND LIMITS OF YOUR POLICY.

EX. 4

970314 CCC 2013

01/23/91

Room: Bedroom			LxWxH		11'6" x 10'3" x 8'0"	
348 SF Walls	118 SF Ceiling				466 SF Walls & Ceiling	
118 SF Floor	15 SY Flooring				44 LF Floor Perimeter	
92 SF Long Wall	82 SF Short Wall				44 LF Ceil. Perimeter	
DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV	
Remove Glue down carpet	13.11 SY	1.92*	25.17	2.52	22.65	
Glue down carpet	15.33 SY	12.26	187.95	18.80	169.15	
Floor prep (scrape rubber back residue)	118 SF	0.37	43.66	4.37	39.29	
Room Totals: Bedroom			256.78	25.69	231.09	
Room: Livingroom			LxWxH		18'8" x 11'2" x 8'0"	
Subroom 1: Family Room			LxWxH		15'2" x 12'9" x 8'0"	
Subroom 2: Hallway			LxWxH		7'6" x 4'0" x 8'0"	
1,109 SF Walls	433 SF Ceiling				1,542 SF Walls & Ceiling	
433 SF Floor	56 SY Flooring				139 LF Floor Perimeter	
332 SF Long Wall	224 SF Short Wall				139 LF Ceil. Perimeter	
DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV	
Remove Carpet - (material and labor)	48.11 SY	0.84*	40.41	10.10	30.31	
Carpet - (material and labor)	56 SY	16.41	918.96	229.74	689.22	
Room Totals: Livingroom			959.37	239.84	719.53	
Line Item Totals:			1,216.15	265.53	950.62	

EX. 4


January 28, 1997

970314 CCL 2013

Please call if you have any additional questions or need further assistance and any claim representative will be to assist you.

Sincerely,


cc: 

Enc.

cc: 27-3273

COPIES

EX. 4

1. TASK NUMBER 980313CCC2401		2. INVESTIGATOR'S ID 9050		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE 830	4. DATE OF INCIDENT YR MO DAY 97 03 27	5. DATE INITIATED YR MO DAY 98 03 23			
6. SYNOPSIS OF INCIDENT OR COMPLAINT The consumer, a 68-yr-old male, lived in [REDACTED] On March 27, 1997, he had just received 4 new [REDACTED] lighters ordered from [REDACTED] e. He gave his wife the only gold one, took one of the remaining silver lighters for himself, and drove to the home of some friends about a mile away to give them two silver ones. It is surmised that as he was sitting in his car, filling his lighter from the lighter fluid can, he must have spilled some on his clothing. Then when he lighted the new lighter, his clothing ignited. He was airlifted to the St. Joseph Medical Center (Ft. Wayne) burn unit where he expired one month later, April 23, 1997, from sepsis and multiple systemic failures due to 25% full thickness burns.					
7. LOCATION (Home, School, etc.) Home 01		8. CITY Pierceton		9. STATE IN	
10A. FIRST PRODUCT Cig Lighter 1604		10B. TRADE/BRAND NAME [REDACTED]		10C. MODEL NUMBER unknown	
10D. MANUFACTURER NAME AND ADDRESS [REDACTED] Co. [REDACTED]					
11A. SECOND PRODUCT Clothing, n.s. 1658		11B. TRADE/BRAND NAME unknown		11C. MODEL NUMBER	
11D. MANUFACTURER NAME AND ADDRESS Unknown					
12. AGE OF VICTIM 68 yrs	13. SEX Male 1	14. DISPOSITION Fatality 8		15. INJURY DIAGNOSIS Upper trunk 31	
16. BODY PART (S) INVOLVED All parts 85	17. RESPONDENT Coroner; spouse 3	18. TYPE OF INVESTIGATION Telephone 2		19. TIME SPENT (OPERATIONAL HOURS) 4 hrs	
20. ATTACHMENT(S) Assignment 5	21. CASE SOURCE State Death Cert. 02		22. SAMPLE COLLECTION NUMBER None		
23. PERMISSION TO DISCLOSE NAMES (NON MEISS CASES ONLY) No					
24. REVIEW DATE 980410	25. REVIEWED BY 8311		26. REGIONAL OFFICE DIRECTOR		
27. DISTRIBUTION O=EHDS, cc=FPE, C. Perez/M. Bogumill, cc=FOCR IDI file, cc=MASC/FYI					

CPSC FORM 182 (12/96) Approved for use through 5/31/2000 OMB
NO. 30410029

P.02

ACIDENT INVESTIGATION REQUEST FORM

CPSC FORM 324 (2/90)

ATTENTION ESTATE: The Social Security # is
and requested by this state agency in order to
be used for statutory responsibility. Information is
shortly and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

012973

DOI No.

001049

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-4

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. SEX male		2. TIME OF DEATH 5:46 P.		3. DATE OF DEATH April 23, 1997	
4. PLACE OF BIRTH 68		5. DATE OF BIRTH May 29, 1928		6. BIRTHPLACE (City and State or Foreign Country) McMechen, WV	
7. WAS DECEASED A U.S. VETERAN? yes		8. YEAR LAST SERVED IN U.S. ARMED FORCES 1946		9. TYPE OF SERVICE <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	
10. FACILITY (Name of hospital, nursing home, etc.) St. Joseph Medical Center		11. CITY/TOWN OR LOCATION OF DEATH Ft. Wayne		12. COUNTY OF DEATH Allen	
13. MARRITAL STATUS married		14. OCCUPATION (If deceased was employed) laborer		15. NAME OF BUSINESS/EMPLOYER steel company	
16. RESIDENCE - CITY/TOWN IN		17. RESIDENCE - COUNTY Kosciusko		18. RESIDENCE - ZIP CODE 46562	
19. DATE OF BIRTH May 29, 1928		20. DATE OF DEATH April 23, 1997		21. PLACE OF DEATH Ft. Wayne	
22. RACE white		23. SEX male		24. EDUCATION 9	
25. NAME OF DECEASED James R. Benner		26. SOCIAL SECURITY NUMBER FD29500029		27. DATE OF BIRTH May 29, 1928	
28. DATE AND PLACE OF BIRTH April 28, 1997 Marion National Cemetery		29. LOCATION - City or Town, State Marion, IN		30. NAME OF DECEASED James R. Benner	
31. DATE OF DEATH April 23, 1997		32. TIME OF DEATH 5:46 P.		33. PLACE OF DEATH Ft. Wayne	
34. CAUSE OF DEATH SEPSIS/MULTIPLE SYSTEMIC FAILURE 25% FULL THICKNESS BURNS		35. DATE OF DEATH April 23, 1997		36. TIME OF DEATH 5:46 P.	
37. DATE OF DEATH April 23, 1997		38. TIME OF DEATH 5:46 P.		39. PLACE OF DEATH Ft. Wayne	
40. DATE OF DEATH April 23, 1997		41. TIME OF DEATH 5:46 P.		42. PLACE OF DEATH Ft. Wayne	
43. DATE OF DEATH April 23, 1997		44. TIME OF DEATH 5:46 P.		45. PLACE OF DEATH Ft. Wayne	
46. DATE OF DEATH April 23, 1997		47. TIME OF DEATH 5:46 P.		48. PLACE OF DEATH Ft. Wayne	
49. DATE OF DEATH April 23, 1997		50. TIME OF DEATH 5:46 P.		51. PLACE OF DEATH Ft. Wayne	
52. DATE OF DEATH April 23, 1997		53. TIME OF DEATH 5:46 P.		54. PLACE OF DEATH Ft. Wayne	
55. DATE OF DEATH April 23, 1997		56. TIME OF DEATH 5:46 P.		57. PLACE OF DEATH Ft. Wayne	
58. DATE OF DEATH April 23, 1997		59. TIME OF DEATH 5:46 P.		60. PLACE OF DEATH Ft. Wayne	
61. DATE OF DEATH April 23, 1997		62. TIME OF DEATH 5:46 P.		63. PLACE OF DEATH Ft. Wayne	
64. DATE OF DEATH April 23, 1997		65. TIME OF DEATH 5:46 P.		66. PLACE OF DEATH Ft. Wayne	
67. DATE OF DEATH April 23, 1997		68. TIME OF DEATH 5:46 P.		69. PLACE OF DEATH Ft. Wayne	
70. DATE OF DEATH April 23, 1997		71. TIME OF DEATH 5:46 P.		72. PLACE OF DEATH Ft. Wayne	
73. DATE OF DEATH April 23, 1997		74. TIME OF DEATH 5:46 P.		75. PLACE OF DEATH Ft. Wayne	
76. DATE OF DEATH April 23, 1997		77. TIME OF DEATH 5:46 P.		78. PLACE OF DEATH Ft. Wayne	
79. DATE OF DEATH April 23, 1997		80. TIME OF DEATH 5:46 P.		81. PLACE OF DEATH Ft. Wayne	
82. DATE OF DEATH April 23, 1997		83. TIME OF DEATH 5:46 P.		84. PLACE OF DEATH Ft. Wayne	
85. DATE OF DEATH April 23, 1997		86. TIME OF DEATH 5:46 P.		87. PLACE OF DEATH Ft. Wayne	
88. DATE OF DEATH April 23, 1997		89. TIME OF DEATH 5:46 P.		90. PLACE OF DEATH Ft. Wayne	
91. DATE OF DEATH April 23, 1997		92. TIME OF DEATH 5:46 P.		93. PLACE OF DEATH Ft. Wayne	
94. DATE OF DEATH April 23, 1997		95. TIME OF DEATH 5:46 P.		96. PLACE OF DEATH Ft. Wayne	
97. DATE OF DEATH April 23, 1997		98. TIME OF DEATH 5:46 P.		99. PLACE OF DEATH Ft. Wayne	
100. DATE OF DEATH April 23, 1997		101. TIME OF DEATH 5:46 P.		102. PLACE OF DEATH Ft. Wayne	

65

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) not given [REDACTED]
3. STREET ADDRESS [REDACTED]	4. CITY STATE ZIP CODE Smithtown JUN 29 2000 NY 11787
5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Respondent is calling on behalf of [REDACTED] St. Ronkonkoma NY 11779 [REDACTED] ISSUE 40	

Consumer was flicking the disposable butane lighter when his right hand caught on fire. The lighter fluid had leaked through a crack (size unknown)

-cont-

6. DATE OF INCIDENTS 6/19/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 41 Y/M 1st & 2nd degree burns to right hand	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME [REDACTED] RELATIONSHIP none
9. DESCRIPTION OF PRODUCT disposable butane cigarette lighter (1 out of a [REDACTED])		10. BRAND NAME [REDACTED]
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Made in China unknown unknown unknown unknown		12. MODEL, SERIAL NUMBERS none
13. DEALER'S NAME, ADDRESS & PHONE (dealer's name is unknown) unknown Manhattan, NY unknown		14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: Bottom side of lighter cracked
15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 5/2000 AGE 1 mo.		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: warning keep away from children.
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER? yes	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED 06/28/2000	21. RECEIVED BY (NAME & OFFICE) mlj/HL	22. DOCUMENT NO. H0060334A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSEER'S NAME & TITLE MLJ 6/28/2000	

CONSUMER PRODUCT INCIDENT REPORT

H0060334A

Narrative Continued

on the bottom side of the lighter. Consumer did not notice the crack on the bottom side of the disposable butane lighter (consumer did state that he felt something cool on his hand before it caught fire. Consumer extinguished the fire himself (unknown how).

(same day) Consumer attended Stoney Brook University Hosp Med Ctr. Stoney Brook NY. No additional medical information at this time, respondent did not have the medical report.

Mr. Ford has several samples of the lighter from the case that they came in.

Bar code 80692 99930 [REDACTED] were the only identifiable information on the lighter.

CPSC Source: JOB

H0060334A

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

 7/5/00
Signature Date

+--+
| |
+--+

I request that you do not release my name.

+--+
|X|
+--+

You may release my name to the manufacturer but
I request that you not release it to the general
public.

+--+
| |
+--+

You may release my name to the manufacturer and to
the public.

71 1 1
Author: Murray S. Cohn at CPSC-HQ1
Date: 6/11/97 10:58 AM
Priority: Normal
TO: Cathleen A. Irish at CPSC-HQ2
CC: Marc J. Schoem at CPSC-HQ2
Subject: Internet form complaint

X976 106

Wed Jun 11 08:30:33 EDT 1997

Name = Elizabeth Oliver
Address = PO Box 597
City = Bowling Green
State = VA
Zip = 22427
Email = eoliver@logicon.com
Telephone = (540)663-9754 (W)
Name of Victim =
Victim's Address =
Victim's City =
Victim's State =
Victim's Zip =
Victim's Telephone =

Paul

ISSUE 37

JUN 12 1997

Incident Description: There was no injury, but I do consider the following a hazard: I have a ~~butane~~ butane disposable lighter that I keep in my car. This past Monday, June 9, when I went to use it I discovered it had sprung a leak, so when I picked it up it was spraying butane all over me. There was no way to stop the steady stream of butane, and I wasn't sure if it posed any danger to me, so I dropped the lighter on the ground until it had disposed of all the butane. I don't know if any other people have had this experience, but I think people should at least be warned that this could happen. It seem to me this could be extremely hazardous if the person being sprayed is anywhere near fire.

Victim's age = 50
Victim's sex = Female
Date of incident = 06/09/97
Product involved = Disposable Butane Lighter
Product brand name/manufacturer = ~~Lighter~~
Product involved still available = Yes
Product model and serial number = ~~Lighter~~
Date product purchased = March 1997

1687

Am

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

1. Only one editorial one - in the last sentence I should have written "It seems to me..." instead of "It seem to me..."

~~editor~~

2. I bought this purposely as "non-child proof" but it is unclear from the label, posted ~~on~~ on one side of the lighter whether or not it can be made child proof, or is supposed to be, because you need a magnifying glass to read the printed material! But I'm not complaining about that.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Elizabeth Oliver
Signature

7/17/97
Date

☐

I request that you do not release my name.

☐

You may release my name to the manufacturer but I request that you not release it to the general public.

☒

You may release my name to the manufacturer and to the public.

IL-37

X9762106

1. CASE NO. 961017CCC5727		2. INVESTIGATOR'S ID 8554		3. OFFICE CODE 860		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAY 96 07 05		5. DATE INVESTIGATION INITIATED YR MO DAY 96 10 29					
6. SYNOPSIS OF INCIDENT A cigarette lighter began releasing gas as soon as the owner pressed the child resistant button. She considers this a dangerous design defect in the lighter and threw it away							
7. LOCATION (Home, school, etc.) home 10		8. CITY Phoenix			9. STATE Arizona (AZ)		
10A. FIRST PRODUCT disposable cigarette lighter 1604		11A. TRADE/BRAND NAME, IMPORTER XXXXXXXXXXXXXXXXXXXX Benson Corporation, Inc., Atlanta, GA 30340					
10B. SECOND PRODUCT none		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS N/A					
12. AGE OF VICTIM no injury 000		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 0 UNKNOWN - 3		14. DISPOSITION no injury 0		15. INJURY DIAGNOSIS no injury 70	
16. BODY PART no injury 99		17. RESPONDENT(S) (Mother, Friend) Consumer/Owner [1]		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [3] OTHER - 3		19. TIME SPENT [][3][5]	
20. ATTACHMENTS multiple [9]		21. CASE SOURCE consumer incident report [0][7]		22. REVIEWED BY YR MO DAY [][][][] [][][][][]			
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [] CPSC MAY NOT DISCLOSE MY NAME [x]							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			

NARRATIVE NOTE:

Information in this investigation report was obtained from the owner/consumer who filed the incident report. I was unable to examine the product because she threw it away. Attempts to locate this product at the retailer and vendor were unsuccessful.

The narrative report and exhibits are attached.

UN-PURGED

IDI # 961017CCC5727

PRODUCT: cigarette lighter (602/ 969-1715 / American Express d)

Possible IMPORTER:

[REDACTED]
[REDACTED]
Atlanta, Georgia 30340
[REDACTED]

IDENTIFIERS:

Owner/ Mrs. W

[REDACTED]
[REDACTED]
[REDACTED]

Store Mgr./Ms R.

Ms. Anette Reyes
Circle K
330 E. Broadway Rd.
Mesa, AZ 85210
phone # 602/ 969-1715

Buyer/Mr. P

Mr. Randy Pearman
McLane Sunwest Grocery Distribution
14149 W. McDowell Road
Goodyear, AZ 85338
602/ 935-7500

Mr. B

Mr. Mike Bogumill
CPSC Compliance Officer
phone # 301/ 504-0400

IDI # 961017CCC5727

PAGE 2

PRE-EVENT

This incident involves a cigarette lighter and a consumer who lives with her family in Mesa, Arizona.

The Mrs. W said that she needed a new cigarette lighter so her husband went to a local convenience/ retail store and purchased a disposable butane cigarette lighter. This store is part of a large chain.

This brand lighter was sold in a display case that sat on the counter near the cash register. They bought the lighter on July 3, 1996. Mrs. W stated that she used this cigarette lighter for the first time on Friday, July 5, 1996.

It was around 6 p.m. She was at home and decided to either smoke a cigarette or light a bar-b-que grill. Mrs. W got the lighter and pressed the child resistant button. She noticed that the lighter immediately began releasing gas.

EVENT

The cigarette lighter began emitting gas before she pressed the flame switch.

POST-EVENT

Mrs. W said she could hear the gas coming out of the lighter. It continued releasing gas until she pressed/ rotated the flint wheel at which time the gas lit up.

Upon ignition the flame reached a height of 2 - 3 inches. It then settled down to a height of about 1 inch or less.

Mrs. W became very upset. She was concerned that this unlit gas presented a serious hazard. She discontinued using this cigarette lighter. Mrs. W. said that she then contacted the retail store and spoke with a store employee who identified herself as a manager (name unknown).

She told the store employee that this lighter was dangerous and strongly suggested that they should pull it from their shelf. Mrs. W said that the employee told her that they can't pull cigarette lighters because lighters are handled by a contractor.

She then contacted the U.S. Consumer Product Safety Commission (CPSC) and filed an incident report which included a model number and two names (brand/importer). Mrs. W then threw away the cigarette lighter.

During October 1996 CPSC headquarters staff requested a follow-up sample collection and investigation of this incident.

IDI # 961017CCC5727

PAGE 3

I spoke with Mrs. W about this incident and attempted to collect the cigarette lighter from her during November 1996. She said that she threw the lighter away in July.

Mrs. W described the lighter as a disposable butane lighter. She remembers seeing the image of an American eagle either on the side of this square shaped lighter or on a plastic sheath that the lighter came inside.

On 11/12/96 I visited this retail store and spoke with Ms. R, the Store Manager. Ms. R. said she has been the Manager of this convenience store for over one year. She was not aware of Mrs. W's complaint about this lighter or her request to pull the lighters from their store shelf. Ms. R said that she has not received any complaints about malfunctioning cigarette lighters.

I described Mrs. W's lighter to the store manager and asked to see their current stock. Ms. R said that they no longer carry the model that had the image of an Eagle on the side. I examined their stock and was unable to find the lighter. The firm was selling two other brands of lighters.

At my request, Ms. R provided me with the name and address of the vendor who supplies them with cigarette lighters.

In an attempt to identify the importer of this lighter I contacted CPSC Headquarters and spoke with a Compliance Officer, Mr. B. I described the cigarette lighter and provided him with the brand/importer names. He recognized one of the two names as a brand name used by an importer who is located in Georgia.

During November 13, 1996, I visited the vendor and spoke with Mr. P about this lighter and the convenience store. He identified himself as the buyer for cigarette lighters. Mr. P indicated that he has been working at the firm for at least 6 years. He is very familiar with the cigarette lighters sold by this firm. Mr. P stated that they supply the cigarette lighters sold at this chain of convenience stores.

I described Mrs. W's cigarette lighter and gave him the brand names which Mrs. W had provided CPSC. Mr. P did not recognize the lighter or the two brand names. He does not remember carrying any lighter which carried the image of an Eagle on the side.

I asked him to check his records for the brand names as well as the name of the importer which I had received from CPSC Compliance. Mr. P checked records and said that the corporate

ISSUE

41

JUL 11 1996

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) [REDACTED] none
3. STREET ADDRESS [REDACTED]	4. CITY STATE ZIP CODE Mesa AZ 85210

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
During first use, consumer pressed cigarette lighter's child-resistant button and gas released from top of lighter. Consumer discontinued use.

6. DATE OF INCIDENTS 7/5/96	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
--------------------------------	--	--

9. DESCRIPTION OF PRODUCT
child-resistant disposable cigarette lighter

10. BRAND NAME
[REDACTED]

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
[REDACTED]
unknown
unknown
unknown
unknown

12. MODEL, SERIAL NUMBERS
[REDACTED]

13. DEALER'S NAME, ADDRESS & PHONE
Circle K
330 East Broadway Road
Mesa, AZ 85210
602-969-1715

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:

15. PRODUCT PURCHASED NEW x USED
DATE PURCHASED 7/3/96 AGE 2 days

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Keep away from children, do not expose to heat and sunlight...."

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x
IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES x NO
IF NOT, ITS DISPOSITION

19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED
07/08/96

21. RECEIVED BY (NAME & OFFICE)
CTW/HL

22. DOCUMENT NO.
H9570040A

23. FOLLOW-UP ACTION

7610170005727

24. PRODUCT CODE
1604

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE
CCH 7/10/1996

96K17000 5727

CONSUMER PRODUCT INCIDENT REPORT

H9670060A

Narrative Continued

CPSC Source: BBB

Tc 47

Author: Murray S. Cohn at CPSC-HQ1

Date: 2/23/99 10:11 AM

Normal

TO: Cathleen A. Irish at CPSC-HQ2, Incident Reports, George W. Rutherford at CPSC-HQ2

Subject: Internet Form Complaint - Doc # 19920139

----- Message Contents

2/22/99 6:08:40 PM

Name = Capt. Tom Lovejoy, Skokie Fire Department

Address = 7424 Niles Center Road

City = Skokie

State = IL

Zip = 60077

Email = tom.lovejoy@skokie.org

Telephone = (847)982-5347

Name of Victim = Mrs. Nichols

Victim's Address = 5145 Howard

Victim's City = Skokie

Victim's State = IL

Victim's Zip = 60077

Victim's Telephone = (847)677-3114

ISSUE 22

FEB 25 1999

Incident Description: Reportedly used a butane lighter to light a cigarette. Lighter may have failed to shut off gas flow. Sprayed butane over room and contents and ignited. Small fire, quickly extinguished, resulted. No significant injuries were reported from this incident.

Lighter involved is labeled [REDACTED]

Has US patent number 5,547,370 and

"Made in China 05, 1998" on label.

small plastic see-through lighter without child-proof safety device.

UPC Code 0 17924 08888 5

Lighter is in my possession.

Capt. Tom Lovejoy

Fire Prevention Bureau

Victim's age at time of incident = unk

Victim's sex = Female

Date of incident = 022299

Product involved = butane lighter

Product brand name/manufacture [REDACTED]

Product involved still available = Yes

Product model and serial number = unk

Date product purchased = "recently"

9

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Carlton Lewis 3/18/99
Signature Date

☐

I request that you do not release my name.

☐

You may release my name to the manufacturer but I request that you not release it to the general public.

☒

You may release my name to the manufacturer and to the public.

I992439

I-22

NEWS from CPSC

U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

FOR IMMEDIATE RELEASE

November 17, 1995

Release # 96-024

CONTACT: Kate Primo

(301) 504-0580 Ext. 1187

CPSC And New York Lighter Announce Cigarette Lighter Recall

WASHINGTON, D.C. - In cooperation with the U.S. Consumer Product Safety Commission (CPSC), New York Lighter Co. Inc. of Brooklyn, N.Y., is recalling about 50,000 "City-Lites" and "Liberty-Lites" disposable cigarette lighters. The lighters fail to extinguish after use and, in the case of "Liberty-Lites," can flare-up during use. CPSC and New York Lighter are aware of 10 incidents associated with these lighters including one car fire and four burn injuries.

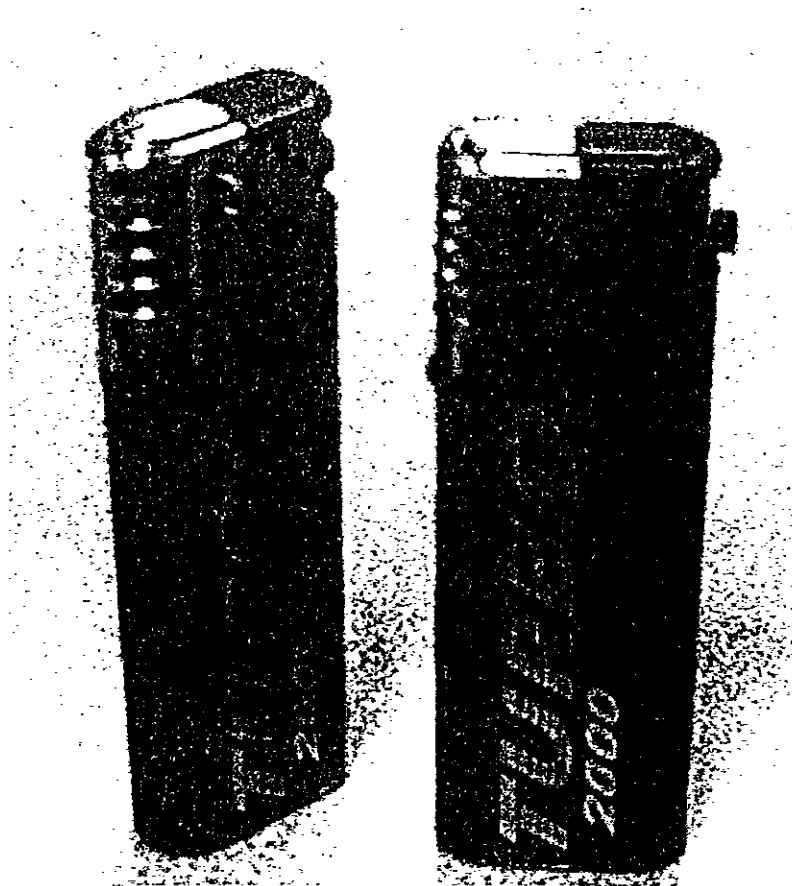
The lighters, imported before the July 12, 1994, child-proof mandatory standard became effective, do not have the required child-resistant feature of lighters distributed after that date. They were distributed nationwide through convenience stores and service stations.

The lighters were manufactured in various colors and have a metal flame hood. City-Lites lighters have the word "City Lites" or "C-LITES" engraved on the metal flame hood, and Liberty Lites lighters have the word "Liberty-LITES" engraved on the metal hood. The lighters sold in packages of three for about \$2.

Consumers who own City Lights or Liberty Lights lighters should call (800) 626-4732 to receive a postage-paid mailer for returning the lighters. The company will send a novelty product with a retail value of approximately \$5 to cover any inconvenience on the part of consumers. Child-resistant "City-Lites" lighters and child-proof "Liberty-Lites" lighters are not subject to this recall.

The U.S. Consumer Product Safety Commission protects the public from the unreasonable risk of injury or death from 15,000 types of consumer products under the agency's jurisdiction. To report a dangerous product or a product-related injury and for information on CPSC's fax-on-demand service, call CPSC's hotline at (800) 638-2772 or CPSC's teletypewriter at (800) 638-8270. To order a press release through fax-on-demand, call (301) 504-0051 from the handset of your fax machine and enter the release number. Consumers can report product hazards to info@cpsc.gov.

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NEWS from CPSC

U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

FOR IMMEDIATE RELEASE

October 14, 1999

Release # 00-005

CONTACT: Ken Giles

(301) 504-0580 Ext. 1184

CPSC, Shine International Trading Co. Inc. Announce Recall of Cigarette Lighters

WASHINGTON, D.C. - In cooperation with the U.S. Consumer Product Safety Commission (CPSC), Shine International Trading Co. Inc., of Flushing, N.Y., is recalling about 2.4 million cigarette lighters. The lighters child-resistant mechanisms fail to meet the requirements of the Consumer Product Safety Act. Young children could ignite the lighters, presenting fire and burn hazards. Additionally, the lighters can leak fuel and remain on after consumers have used them, which also presents fire and burn hazards.

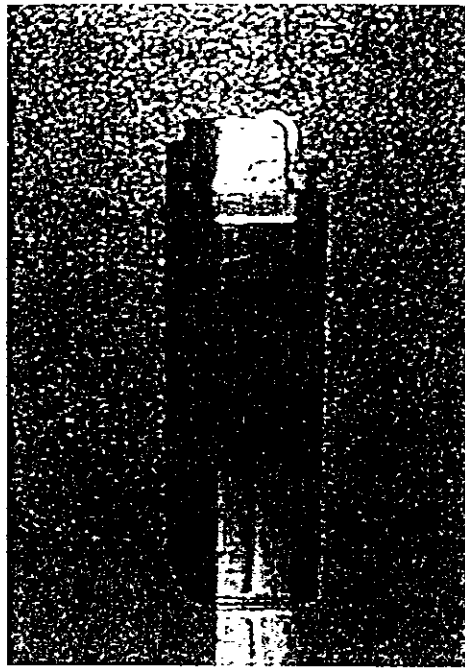
CPSC and Shine International Trading Co. Inc. have received three incident reports with these lighters. One incident involved two lighters that continued to burn after the consumer put them down, one involved two lighters that spontaneously blew apart while unattended, and one involved a lighter that burst into flames resulting in minor property damage. No injuries have been reported.

The lighters being recalled are non-refillable, oval-tube-shaped, with a transparent solid-colored (red, green, yellow, orange or purple) plastic body and a metal top. The lighters measure about 3.25 inches high and 1 inch wide. "SHINE" is imprinted into the metal top of the lighter. There is a warning label on the lighter. "SHINE" and "MADE IN CHINA" are written on the label. The lighters operate with a roll and press type of ignition mechanism to produce a flame.

Small stores and souvenir shops nationwide sold these lighters from August 1998 through July 1999 for about \$1.

Consumers should stop using these lighters immediately and return them to the store where purchased for a full refund. For more information, call Shine International Trading Co., Inc. toll-free at (888) 491-6676 between 9 a.m. and 5 p.m. EDT Monday through Friday.

U.S. Customs alerted CPSC to this product hazard.



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ABOUT HEALTH CANADA		A-Z INDEX		SEARCH	LINKS	FEEDBACK	FRANÇAIS
NEWS	HEALTH CARE	PUBLIC HEALTH	HEALTH FACTORS	REGULATED PRODUCTS	HEALTH RESEARCH	REGULATION & POLICY	



1999-68
May 4, 1999

Warning

HARRY, BEST and CIG brand disposable cigarette lighters pose safety hazards

OTTAWA - Health Canada is warning consumers not to use *HARRY* brand, *BEST* brand and *CIG* brand disposable, child-resistant cigarette lighters because they do not meet various safety provisions of the *Hazardous Products (Lighters) Regulations*. The brand names are stamped into the metal flame guards of each lighter.

Tests have shown that these lighters do not meet various design and performance requirements:

- *HARRY* brand lighters - the child-resistant mechanism is ineffective; poses a fire hazard to consumers since it may explode when exposed to high temperatures;
- *BEST* brand lighters - may continue to burn long after the lever is released to extinguish the flame; poses a fire and safety hazard to consumers since it may explode when exposed to high temperatures; and,
- *CIG* brand lighters - may continue to burn long after the lever is released to extinguish the flame; has excessive flame height; may release fuel when dropped and burst into flames.

There have been no reports of injuries in Canada.

Health Canada officials believe these lighters, all made in China, were brought into Canada via the United States. Importers of these lighters have not yet been identified. Retailers are primarily independent store owners who purchased the products from door-to-door salespersons.

Retailers are asked to immediately remove *HARRY* brand, *BEST* brand and *CIG* brand lighters from sale and to contact the nearest Product Safety Bureau for further direction.

Consumers in possession of the above-mentioned brands of lighters should stop using them immediately and dispose of them in accordance with local laws.

Health Canada reminds consumers to keep all lighters OUT OF SIGHT and OUT OF REACH of children when not in use.

For more information, consumers should contact the nearest regional Product Safety office of Health Canada listed below:

Burnaby (604) 666-5003	Hamilton (905) 572-2845
Edmonton (403) 495-2626	Montreal (514) 283-5488
Calgary (403) 292-4677	Sillery (418) 648-4327
Saskatoon (306) 975-4502	Moncton (506) 851-6638
Winnipeg (204) 983-5490	Dartmouth (902) 426-8300
Scarborough (416) 973-4705	St. John's (709) 772-4050

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Media Inquiries:

Andy Teliszewsky
Health Canada
(613) 954-3948

Public Inquiries:

(613) 957-2991



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